

**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF AIR QUALITY**

**INSTRUCTIONS FOR COMPLETING THE REGISTRATION FORM
SMALL EMITTER GENERAL AIR PERMIT (SEGAP)**

SECTION A: FACILITY PROFILE

Facility ID Number & Facility Name - Enter the New Jersey air pollution facility identification number (ID) followed by the facility name for which the General Operating Permit is being registered. The ID is a five-digit number assigned by the New Jersey Department of Environmental Protection. Your facility name is the one registered with the New Jersey Secretary of State, under which your facility does business.

Street Address - Enter the address of the facility where the equipment to be permitted is physically located.

Mailing Address - Enter the facility's mailing address. If it is the same as the facility location, check the box provided.

Mailing Instructions & Information - Once the General Operating Permit Registration Form has been completed, it should be mailed along with the appropriate fee to the New Jersey Department of Environmental Protection at the address listed on the front page of the Registration form.

County - Enter the county in which the facility is located (not the mailing address county).

Location Description - Describe the facility's location if it is difficult to find using the street address. If you have to give a visitor directions to your facility, consider showing them here. (Example: "Two miles down the access road that leaves state highway 29 at mile marker 10.")

Industry Information - Enter the facility's four-digit primary and secondary (if any) Standard Industrial Classification Codes (SIC) or equivalent. Use the codes registered with the US Department of Labor. You may also refer to the Standard Industrial Classification Manual from the U.S. Office of Management and Budget or equivalent industrial classification code.

Facility Contact - Check the box indicating the facility contact person for this General Operating Permit Registration. If the owner and operator are the same, check both boxes. Enter the name, title, phone and fax numbers, other phone numbers and type of number (Example: pager, toll free, cell phone), e-mail address, the organization that the contact person works for, the type of organization (federal, local, public, private, state or utility), the New Jersey Employer Identification Number (EIN) and the contact mailing address.

SECTION B: REASON FOR APPLYING

This section of the General Operating Permit Registration Form provides the Department with the reason the General Operating Permit Registration Form is being submitted.

New or Existing, Un-permitted Emission Unit(s) - Check this box if this application is being filed for emission unit(s) for which no current permit exists.

Permitted Emission Unit(s) - Check this box if this application is being filed to supercede an existing permit covering emission unit(s). The permit being superceded must be an Operating Permit. The emission unit number from the existing permit will need to be listed in the Registration.

Emission Unit Number(s) in Existing Permit - List the emission unit number(s) of the equipment in the existing Operating Permit.

SECTION C: EQUIPMENT INVENTORY

Emission Unit NJID - A facility may do one of the following:

1- Enter a unique 6 digit identification number (example: U000010) for the operations covered by the General Operating Permit. Once a number is used to identify an operation at the facility, the same number cannot be used to identify any other operations at the facility. (Note: If the 6 digit identification number the facility enters is incorrect or conflicts with any number registered with the Department, then the Department will assign an alternative number for the operation); or

2- Leave this line blank. The Department will assign a unique 6-digit identification number for the operations covered by the General Operating Permit.

Emission Point NJID - see Emission Unit NJID

Facility Description of Emission Point – Enter the name by which the facility identifies the operation. (Example: Windows in Mixing Room 2).

Emission Point Configuration – Indicate the configuration of the emission point.

Equipment NJID – see Emission Unit NJID

Facility Description of Equipment – For each piece of equipment, provide unique, descriptive, and detailed characteristics to specifically identify each piece of equipment. This could include, but is not limited to, make, manufacturer, model, serial number, size, capacity, throughput rate, contents, dimensions, etc. This information must be provided for each piece of equipment.

Type of Manufacturing & Materials Handling Equipment – For each piece of equipment, check the box that most closely describes its equipment type. Choices include various common types of manufacturing & materials handling equipment. If the equipment cannot be categorized, check the box corresponding to “Other” equipment and describe it in the space provided. (Check only one box per piece of equipment)

SECTION D: PERMITTING SCENARIOS

Registration under this General Operating Permit covers all small emitting sources venting to a single common emission point. Aggregate emissions from all small emitting sources covered by this General Operating Permit will be less than the Hourly Reporting Threshold for all air contaminants specified in Section VI of General Operating Permit document GOP-002.

SECTION E: CERTIFICATION

Print or type the name and title of person, submit with original signature, and date the application in the spaces provided.

Individual with Direct Knowledge - Individual listed as the contact person or any person with direct knowledge of and responsibility for the information contained in the General Operating Permit Registration Form. This may or may not be the same person who signs as the Responsible Official defined below.

Responsible Official - A facility official responsible for the General Operating Permit Registration. A Responsible Official as defined in N.J.A.C. 7:27-1.4 is as follows:

- | | | |
|---|----------------------------|--|
| X | For a corporation: | a president, secretary, treasurer, or vice-president of the corporation; any other person who performs similar policy or decision making functions for the corporation; or a duly authorized representative responsible for the overall operation of a facility (plant manager, etc.). |
| X | For a partnership: | a general partner. |
| X | For a sole proprietorship: | the proprietor |
| X | For a government agency: | either a principal executive officer or ranking elected official. |

**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF AIR QUALITY**

**GENERAL OPERATING PERMIT REGISTRATION FORM
SMALL EMITTER GENERAL AIR PERMIT (SEGAP)**

SECTION A: FACILITY PROFILE

Facility ID Number _____	Facility Name _____
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<u>Street Address</u>	
Address Line 1	_____
Address Line 2	_____
Address Line 3	_____
City	_____ State _____ Zip _____

<u>Mailing Address</u>	<input type="checkbox"/> Check if same as street address above
Address Line 1	_____
Address Line 2	_____
Address Line 3	_____
City	_____ State _____ Zip _____

<u>County</u>
County Where Facility Is Located _____

<u>Location Description</u>

Mailing Instructions and Information:
<u>Mail Registration Form to:</u> NJDEP - Bureau of Stationary Sources 401 East State Street, PO Box 420, Mail Code 401-02, Trenton, New Jersey 08625-0420 Submit the application fee in the amount of \$820 with this registration form. Check payable to Treasurer, State of New Jersey. A GOP becomes effective only when the registration fee is paid by the applicant. For Assistance, Please call: (609) 633-8248

<u>Industry Information</u>
NAICS_Code _____

<u>Facility Contact</u>			
Contact person (check one or check both if owner is the operator) <input type="checkbox"/> Owner <input type="checkbox"/> Operator			
Name	_____	Organization	_____
Title	_____	Organization Type	_____
Phone	_____	NJ EIN	_____
Fax	_____	Mailing Address	_____
Other	_____	Address Line 2	_____
Type	_____	Address Line 3	_____
E-mail	_____	City	_____ State _____ Zip _____

SECTION B: REASON FOR APPLYING (Check All That Apply)

☐ New or Existing, Un-permitted Emission Unit(s)

☐ Permitted Emission Unit(s) Emission Unit Number(s) in Existing Permit: _____

SECTION C: INVENTORY

Emission Unit NJID # (optional)	Facility Designation of Emission Unit (required)
U-	

Emission Point NJID # (optional)	Facility Description of Emission Point (required)	Emission Point Configuration (required) <i>(check only one box)</i>
PT-		Door(s) <input type="checkbox"/> Window(s) <input type="checkbox"/> Surface (such as a lagoon) <input type="checkbox"/> Rectangular Stack <input type="checkbox"/> Round Stack <input type="checkbox"/> Square Stack <input type="checkbox"/> Exhaust Fan/Vent <input type="checkbox"/>

Equipment NJID # (optional)	Facility Description of Equipment (required)	Type of Manufacturing & Materials Handling Equipment (required) <i>(check only one box for each piece of equipment)</i>
E-		Blender <input type="checkbox"/> Conveying System <input type="checkbox"/> Extruder <input type="checkbox"/> Mixer <input type="checkbox"/> Reactor <input type="checkbox"/> Other (describe) <input type="checkbox"/> _____
E-		Blender <input type="checkbox"/> Conveying System <input type="checkbox"/> Extruder <input type="checkbox"/> Mixer <input type="checkbox"/> Reactor <input type="checkbox"/> Other (describe) <input type="checkbox"/> _____
E-		Blender <input type="checkbox"/> Conveying System <input type="checkbox"/> Extruder <input type="checkbox"/> Mixer <input type="checkbox"/> Reactor <input type="checkbox"/> Other (describe) <input type="checkbox"/> _____

NOTE: Attach extra pages if permit contains more than 3 pieces of equipment (see pg. 6).

SECTION D: PERMITTING SCENARIOS

Registration under this General Operating Permit covers all small emitting sources venting to a single common emission point. Aggregate emissions from all small emitting sources covered by this General Operating Permit will be less than the Hourly Reporting Threshold for all air contaminants specified in Section VI of General Operating Permit document GOP-002.

SECTION E: CERTIFICATION

"I certify under penalty of law that I believe the information provided in this document is true, accurate, and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information."

_____	_____	_____	_____
Name of Individual With Direct Knowledge	Title	Signature	Date

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents and, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information."

_____	_____	_____	_____
Name of Responsible Official	Title	Signature	Date

For Department Use Only	Activity # _____	Fee _____
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SECTION C: EQUIPMENT INVENTORY ADDENDUM

Use this page if the source operation contains more than 3 pieces of equipment.
Attach additional pages as necessary.

Equipment NJID # (optional)	Facility Description of Equipment (required)	Type of Manufacturing & Materials Handling Equipment (required) <i>(check only one box for each piece of equipment)</i>
E-		Blender <input type="checkbox"/> Conveying System <input type="checkbox"/> Extruder <input type="checkbox"/> Mixer <input type="checkbox"/> Reactor <input type="checkbox"/> Other (describe) <input type="checkbox"/>
E-		Blender <input type="checkbox"/> Conveying System <input type="checkbox"/> Extruder <input type="checkbox"/> Mixer <input type="checkbox"/> Reactor <input type="checkbox"/> Other (describe) <input type="checkbox"/>
E-		Blender <input type="checkbox"/> Conveying System <input type="checkbox"/> Extruder <input type="checkbox"/> Mixer <input type="checkbox"/> Reactor <input type="checkbox"/> Other (describe) <input type="checkbox"/>
E-		Blender <input type="checkbox"/> Conveying System <input type="checkbox"/> Extruder <input type="checkbox"/> Mixer <input type="checkbox"/> Reactor <input type="checkbox"/> Other (describe) <input type="checkbox"/>
E-		Blender <input type="checkbox"/> Conveying System <input type="checkbox"/> Extruder <input type="checkbox"/> Mixer <input type="checkbox"/> Reactor <input type="checkbox"/> Other (describe) <input type="checkbox"/>
E-		Blender <input type="checkbox"/> Conveying System <input type="checkbox"/> Extruder <input type="checkbox"/> Mixer <input type="checkbox"/> Reactor <input type="checkbox"/> Other (describe) <input type="checkbox"/>
E-		Blender <input type="checkbox"/> Conveying System <input type="checkbox"/> Extruder <input type="checkbox"/> Mixer <input type="checkbox"/> Reactor <input type="checkbox"/> Other (describe) <input type="checkbox"/>